

# FORMAL CONSUMER COMPLAINT

TO

Department of Housing, Buildings & Construction

Electrical Division

101 Sea Hero Rd., Ste. 101

Frankfort, KY 40601-5412

Phone#: 502-573-1797 Fax#: 502-573-1598

Site of Complaint: \_\_\_\_\_  
*Complete Street Address* *City* *County*

Owner(s) Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

If not same as above

Address: \_\_\_\_\_  
*Street or PO Box Address* *City* *County* *Zip*

Company Name \_\_\_\_\_ Contractor License # \_\_\_\_\_

Company Owner(s) Name \_\_\_\_\_ Master License # \_\_\_\_\_

Address: \_\_\_\_\_  
*Street or PO Box Address* *City* *County* *Zip*

Company Phone: \_\_\_\_\_ Date of Installation: \_\_\_\_\_

Check all that applies below.

\_\_\_\_ Electrician not licensed.

\_\_\_\_ Incompetence of and or has a deliberate disregard and violation of the Electrical Law, Regulations & Code.

\_\_\_\_ Faulty Installation

\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_ There is currently on-going court litigation in this matter in \_\_\_\_\_ County.

*I understand and agree that I may be subpoenaed to testify if a hearing is held before the Hearing Officer as a result of this formal consumer complaint.*

Owner(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ELECTRICAL VIOLATION OR DEFICIENCY**  
**(ADDITIONAL PAGES MAY BE USED IF NECESSARY)**

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